STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155359	A. BUILDING _____ B. WING _____	03/18/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERBEND HEALTH CARE CENTER	7519 WINCHESTER ROAD FORT WAYNE, IN46819

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0000	This visit was for the Investigation of Complaint IN00087833. Complaint IN00087833- Substantiated. Federal/State deficiencies related to the allegation are cited at F205. Survey dates: March 17, & 18, 2011 Facility number: 000250 Provider number: 155356 AIM number: 100289980 Survey team: Christine Fodrea, RN TC Angie Strass, RN (March 18, 2011) Census bed type: SNF/NF: 48 Total: 48 Census payor type: Medicare: 7 Medicaid: 38 Other: 3 Total: 48 Sample: 5 Riverbend Health Care Center was found to be in substantial compliance with 42 CFR, Part 483, Subpart B in regard to the Investigation of Complaint IN00087833.	F0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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	This deficiency also reflects state findings cited in accordance with 410 IAC 16.2. Quality review completed on March 21, 2011 by Bev Faulkner, RN.			

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F0205 SS=A	Based on interview and record review, the facility failed to ensure transfer discharge notice was provided to the responsible party prior to discharge from the facility for 1 of 4 residents reviewed for discharge notification in a total sample of 5. (Resident #Z) Findings include: Resident Z's record was reviewed 3-17-2011 at 2:15 p.m. Resident #Z's diagnoses included but were not limited to dementia with behavioral disturbances, high blood pressure and stroke. A Social Services note, dated 3-3-2011, indicated Resident #Z was transferred to Generations on 3-3-2011 at 2:29 p.m. There was no indication the responsible party had been contacted by the facility regarding transfer discharge rights. A "Resident Transfer Form," dated 3-3-2011, did not indicate Resident #Z had been given transfer discharge notification. A "Bed Hold Policy" located in the chart directly behind the "Resident Transfer Form" for Resident #Z was blank. In an interview on 3-17-2011 at 3:20 p.m.,	F0205	Preparation or execution of the plan of correction (POC) does not constitute admission or assent by the provider to the truth, accuracy or veracity of the facts alleged or conclusions set forth in the Statement of Deficiences (SOD). The POC is prepared and executed solely because it is required by law. By this response, Riverbend Health Care Center acknowledges receipt of the SOD and alleges that it is in compliance. Accordingly, the POC is submitted as alleged compliance as of April 13, 2011. Riverbend Health Care Center reserves the right to submit documentation to refute any of the stated deficiencies on the SOD through formal appeal and or other administrative or legal proceedings. F 205 1. Resident Identified no longer resides at the facility. Charge Nurse no longer works at facility. 2. Management Team reviewed Policy on Bed Hold Requirement and updated, when indicated. Copy of bedhold policy attached to notice of transfer or discharge form and kept at nursing station 3. Nurses re-educated on Policy	04/04/2011

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	the Administrator indicated the "Bed Hold Policy" form should have been completed and given to the responsible party. In an interview on 3-18-2011 at 8:49 a.m., the Social Services Director indicated she had attempted to contact Resident #Z's responsible party on 3-3-2011 to request she come in and complete the "Bed Hold Policy." The Social Services Director further indicated she was unable to reach the responsible party either via home or cell phone and had left a message for her to return the call regarding the bed hold policy. The Social Services Director indicated Resident #Z's responsible party had not returned her phone call. A current policy entitled Bed Hold Requirement and Notification, dated 1-11, indicated "...The resident/ patient and a family member or legal representative shall be given notice of the bed hold option at the time of hospitalization or therapeutic leave..." This Federal Tag relates to Complaint IN00087833 3.1-12(a)(25)(A) 3.1-12(a)(25)(B)		& Procedures of Bedhold requirement and notification, and Bedhold policy 4. The DON or designee will review any resident who tranferred or discharged from the facility through the morning Daily Clinical Meeting and will identify and address any issues or concerns, as indicated. Findings will be reported to RM/QI committee Completion date: April 13, 2011.	